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01/24/2011

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MINNEAPOLIS, MN 55440-1022

26161

P.O. BOX 1022

A DIVIGILITION NO.			ETROT NAMED DIVENTOR		ORNEY DOCKET NO.	CONFIRMATION NO.
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR			
10/575,438 TITLE OF INVENTION SYSTEM	04/11/2006 N: SYSTEM AND MET	HOD FOR THE TREAT	Christopher Wheeler "MENT OF CANCER, IN	CLUDING CANCERS	22862-004US1 / OF ⁶⁷⁷⁸⁹ ČENTRAL NI	4024 ERVOUS
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEI	E TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	04/25/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS			
GODDARD, LAURA B		1642	424-277100			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type)			
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**			• •	-		e assignee or other party in
Authorized Signature 2570				Date March	30, 2011	
Typed or printed name Ryan S. McQuade, Ph.D.			Registration No. 61,358			
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